ABSTRACT:
The prosthetic management of an edentulous patient has long been a major challenge in dentistry because the majority of edentulous patients experience unsteadiness of their mandibular denture. For instance, when a patient opens their mouth wide, the mandibular denture tends to become loose. That is the main reason why most patients have significant problems adapting to their new dentures, especially the mandibular denture.

When conventional techniques are used to fabricate dentures, the mandibular complete denture tends to have a lack of retention and stability. This is because the main purpose of the conventional denture technique is to stretch out the muscle of mastication. By stretching these muscles, the denture bearing area is widened. The muscles of mastication then have to work as a “holding device” to push the denture flange down. Consequently, the denture is only somewhat stable and retentive. Practitioners also typically extend denture borders into the mylohyoid fossa to hold undercuts. This leads to patients having chronic pain and discomfort. As a result, patients are dissatisfied with their new dentures.

In 1987 in order to overcome these problems, Dr. Abe started researching the suction mechanism of the mandible. Following his research, he established a successful method to fabricate a Suction Effective Mandibular Complete Denture (SEMCD) in 1999. After proving this method both in theory and in practice, he has been introducing his new technique to the entire world through his lectures and publications.

The main concept of the SEMCD is to seal the entire border of the mandibular denture with soft tissues such as the buccal mucosa, sublingual tissue and the tongue. Using these soft tissues, the mandibular denture is being cradled. Consequently, it creates a complete seal of the entire border, thus achieving its suction.

It is especially helpful to treat patients who have anatomically compromised mandibular ridge due to atrophy, and/or patients who are unable to afford dental implant treatment.

At the conclusion of the workshop, participants will be able to:
1. Understand what a SEMCD is.
2. Learn the procedure of creating a SEMCD.
3. Determine patients who have qualifications for a SEMCD.
4. Provide advanced treatment of the mandibular complete denture.
5. Understand the importance of the primary impression using a Frame Cut Back tray® (FCB Tray) for the mandible and an Accu-dent tray® for the maxilla.
6. Understand the final impression process of a SEMCD, using PVS impression material with specially designed custom trays.
7. Learn laboratory procedures to construct a successful SEMCD.